

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 01/27/05

PERMIT

P 521963
A REPAIR
31078

APPROVAL DATE: 2/8/05

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg 21737 PHONE NUMBER: 301-854-6172

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 12496 Howard Lodge Road PROPERTY OWNER: Jerry Schappell

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: ~150 Total

*Trench 2' Wide
Inlet 6'
Bottom 10.5'*

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

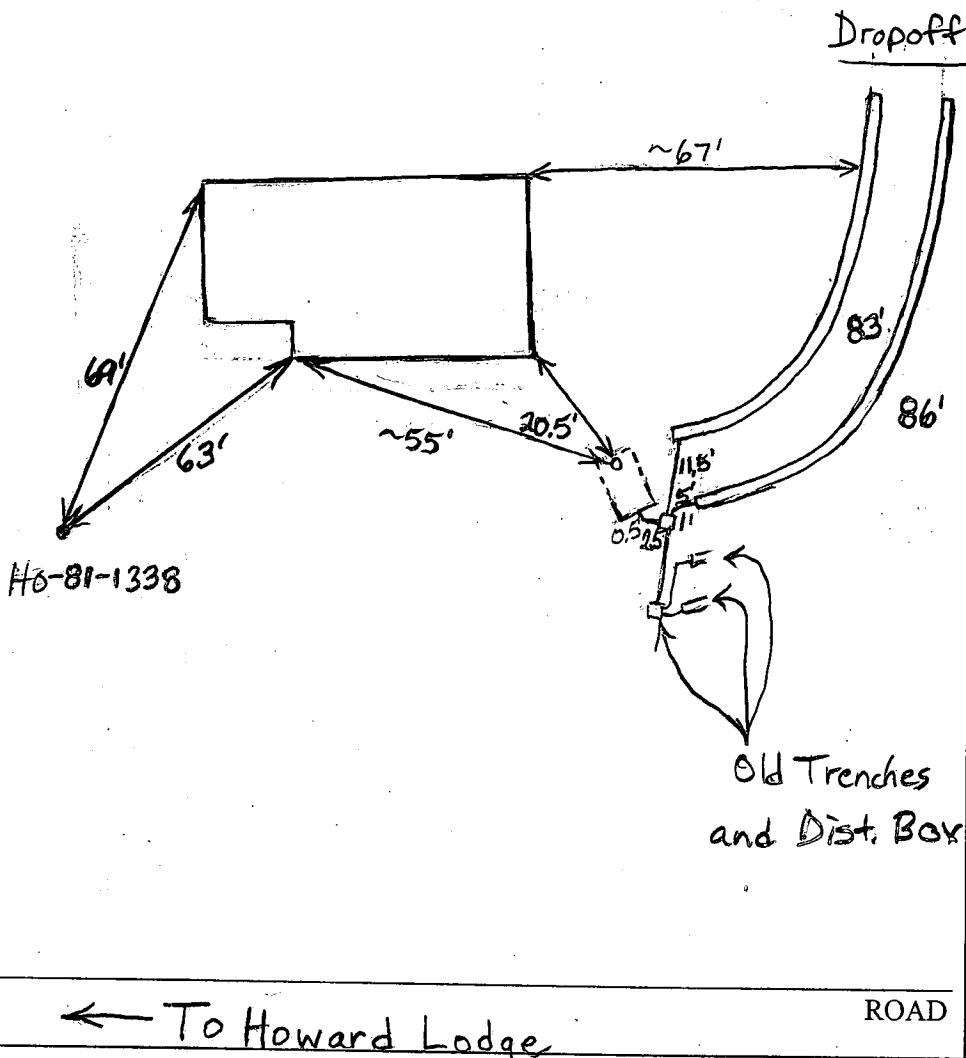
PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 3-10-78

NOT TO SCALE

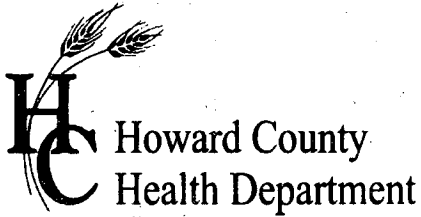


TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	6'	10.5'
NUMBER OF TRENCHES 2'		
TOTAL LENGTH 169'		
ABSORPTION AREA 423+ sq. ft.		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT No		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Covered
CAPACITY	1000? GAL
SEAM LOC	Midseam
TANK LID DEPTH	~1'
BAFFLES	Need Rear
BAFFLE FILTER	No
MANHOLE LOC	None
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 2/7/05 Clay deeper than perc test notes suggest. Dig observation hole to 15+ below existing trenches. Clay INSTALLATION down to 6+. Turns into sandy loam at 8'. Test hole dry at bottom with 15-20% rock. O.K. to install trenches deeper than existing system. Need new rear baffle in septic tank. Do leave failing trenches and distribution box intact. (BB) 2/8/05 Leveler turned up in line going to old dist. box. New baffle installed in rear of septic tank. O.K. to cover everything (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 2/8/05



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 521963

AGENCY REVIEW: _____ DATE 1/27/05

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS: 3

- RESIDENTIAL WITH 3 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Jerry Schuppell

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 12496 Howard Lodge Rd Spesville Md 21784
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfield Equipment

DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 410-489-4905

MAILING ADDRESS 13785 Buntwoods Rd Glenely Md 21043
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER Septic Contractor BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Weisensel Property LOT NO. 10

PROPERTY ADDRESS 12496 Howard Lodge Rd Spesville
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

[Signature]
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

Large empty rectangular box for main notes or data.

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

11/18 NOON

11/12/88 NSAP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-301609

P 40756

A 31078

DISTRICT 3rd

DATE 01/05/88

DATE SYSTEM APPROVED 5/24/88

INSPECTOR RH

~~Frock & Sons, Inc.~~ Fogles Septic IS PERMITTED TO INSTALL X ALTER

ADDRESS 137 Houck Road, Westminster, Maryland PHONE ~~876-1038~~ 795-5670

SUBDIVISION Weisensel Property ROAD 12496 Howard Lodge Rd LOT 1C

PROPERTY OWNER Jerry Schappell

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. 2-68' TRENCHES

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 2 feet below original grade. 45 feet of stone below distribution pipe.

LOCATION - Start the trench 115 feet from the front (317') lot line and 20 feet from the right (444.8') lot line as seen when facing the lot from Howard Lodge Road. Run trenches towards the right and rear (358') lot lines. (If length cannot be gotten due to start at highest point, contact office - will probably start trench somewhat closer to house.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY 11/11/88 - OK TO MOVE DISTRIBUTION BOX 35' FROM R. Hodges/F. Frommelt/B. Nixon DATE 11/19/83:10/8/87

COVER NO WORK UNTIL INSPECTED AND APPROVED. RIGHT LOT LINE RH

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

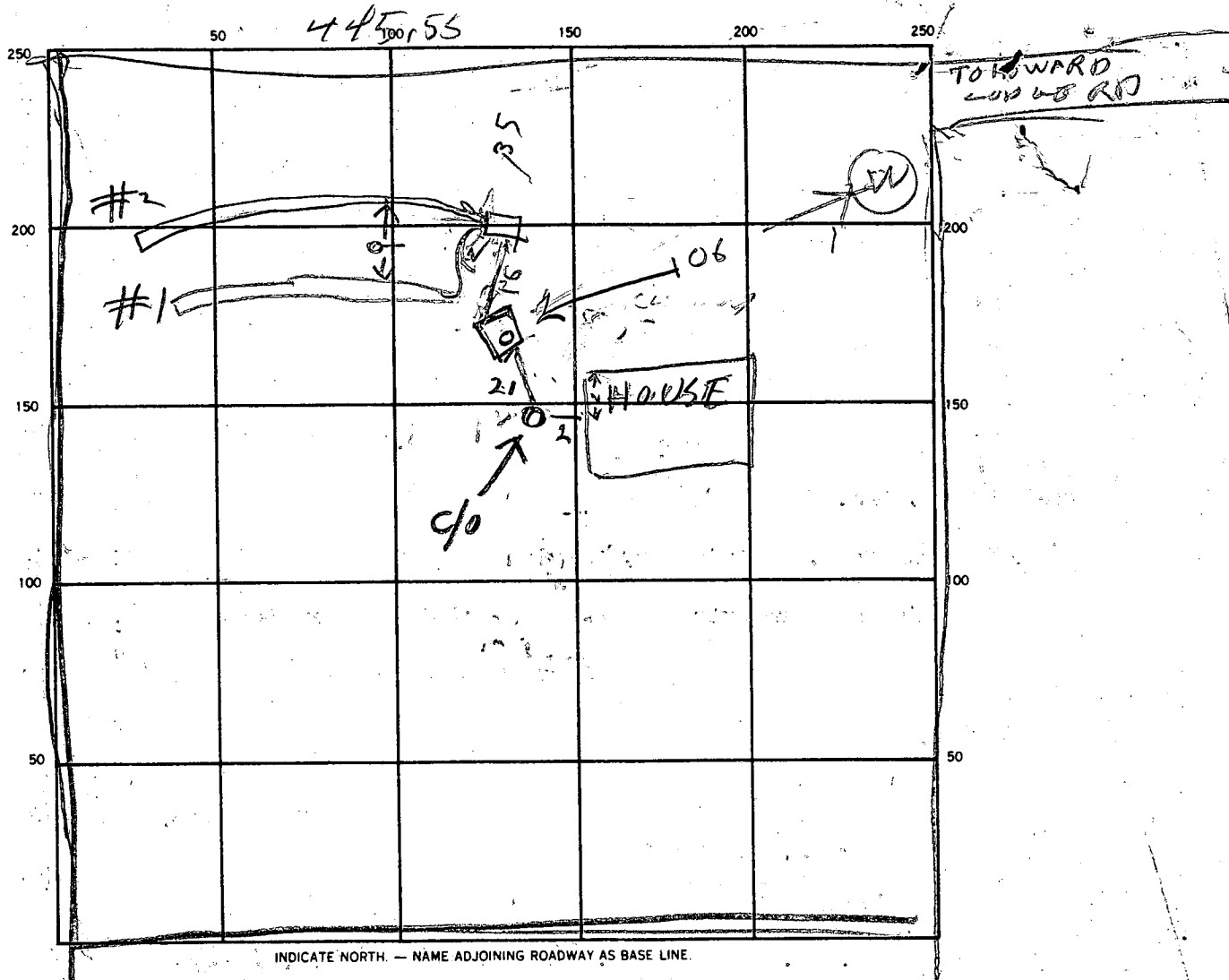
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31078



ST HOUSESEWER
OK OK

SEPTIC TANK LEVEL 1250 CLEANOUTS OK OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH $\frac{1}{2}$ | $\frac{2}{2}$ FT. TRENCH WIDTH $\frac{1}{2}$ | $\frac{2}{2}$ FT. INLET DEPTH $\frac{1}{2}$ | $\frac{2}{2}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{4.5}{2}$ | $\frac{4.5}{2}$ FT. TOTAL LENGTH $\frac{70}{71}$ FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA $\frac{315}{319}$ | $\frac{2}{2}$ SQ. FT. TOTAL REQUIRE 634 | 540

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 11/11/98¹²¹⁷ - OK TO MOVE BOX LOCATION 15 FT R/A

11/11/98 - TRENCH #1 DUG AND STONE TO TRENCH #1 & DIG

TRENCH #2 TANK OK R/A

11/12/98^{am} - TRENCH #1 FINISHED TRENCH #2 DUG. ADD STONE TO

TRENCH #2 11/12/98^{pm} - STONE ADDED TO TRENCH #2

COVER TRENCHES & TANK, CALL FOR INSPECTION OF HOUSE HOOKUP

5/12/98 - PIPES CONNECTED TO HOUSE TOILET PLUSHED R/A

DATE SYSTEM APPROVED 5/24/99 INSPECTOR Raymond G. Hodge

HOWARD LODGERD

DRY WELL OR DRY WELL AND TRENCH

130 sq. ft./bedroom

Minimum Total Square Feet

3 bedroom

Septic Tank

1000 gallon

4 bedroom

1250 gallon

1875

5 bedroom

1500 gallon

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 5 feet of stone below distribution pipe.

OR
TRENCHES

163 ¹⁸⁰ sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 1/2 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 4 feet below original grade.

4 1/2 feet of stone below distribution pipe.

Total 540 sq. ft.
~~2 55' trenches~~
2-68'

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DRYWELL OR START THE TRENCH AT PERC

HOLE ① AND RUN THE TRENCHES TOWARD PERC HOLE ②

PERC HOLE ① IS LOCATED 105 FT FROM THE FRONT LOT LINE & 20 FT

FROM THE RIGHT LOT LINE AS SEEN WHEN FACING THE LOT FROM HOWARD LODGERD

DRIVE. PERC HOLE ② IS LOCATED 190 FT FROM THE FRONT LOT LINE AND

10 FT FROM THE RIGHT LOT LINE AS SEEN WHEN FACING THE LOT FROM

HOWARD LODGERD. USE AT LEAST 2 TRENCHES 10 FT APART AND
A DISTRIBUTION BOX

11/29/03 RH

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31078

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 3rd

DATE 12/12/80

TO: THE COUNTY HEALTH OFFICER,
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Donald J. Weisensel
or Richard Zahn Pat Lendrim - 442-2416
ADDRESS 38 Bloomsbury Ave., Balto., Md. 21228 PHONE 744-5800

PROPERTY LOCATION _____
SUBDIVISION _____ LOT NO. 1-C
ROAD AND DESCRIPTION Howard Lodge Road

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Patrick J. Lendrim for Donald J. Weisensel

APPROVED BY Raymond Hodge FOR Trench or Raymond DATE 11/29/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/31/81 MORE TESTS R H 4/10/81 MORE TEST R H

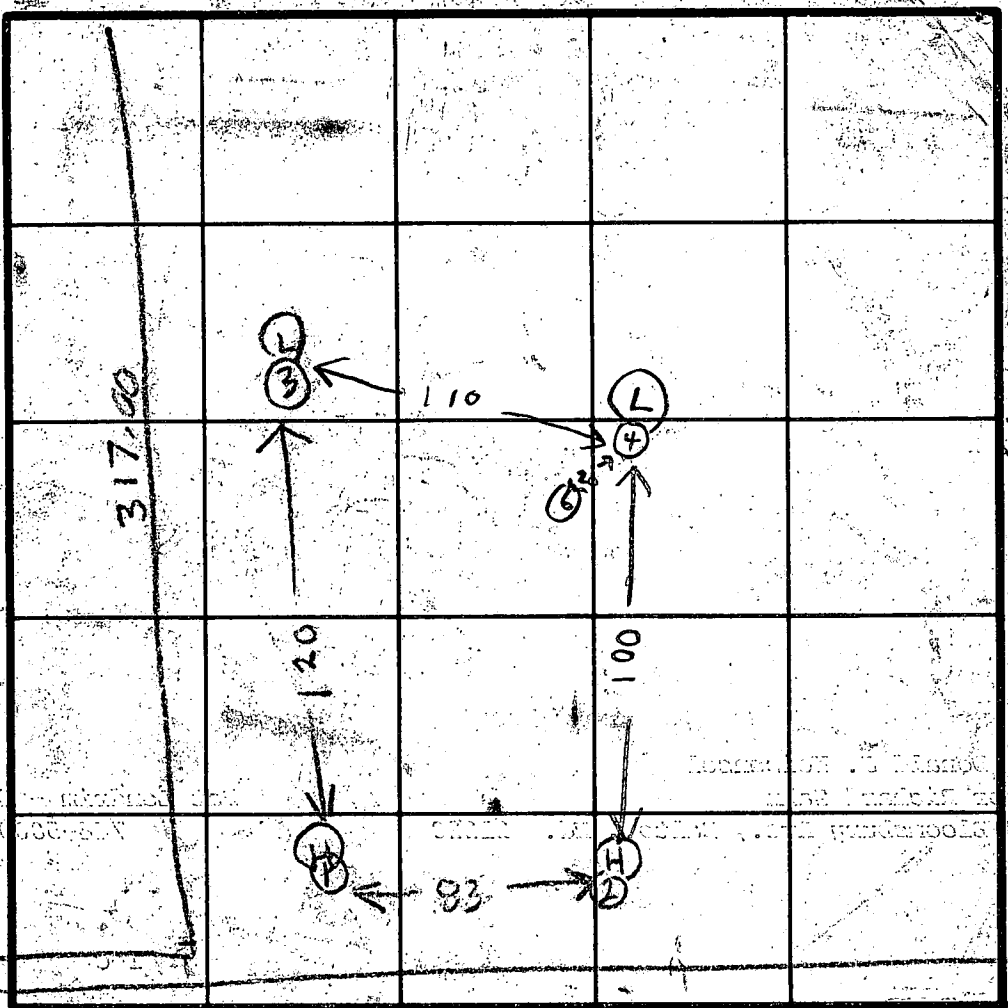
3/31/83 Perc OK hold for certified plat F.S. BLDG. PERMIT SIGNED AND RETURNED 3/31/87

S.M.
BP 10781

THIS IS NOT A PERMIT

22300

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
3/31/81	1D	8	303	321	321	338	13
	2S	4	307	306	306	313	5
	2b	8	309	314	314	319	5
	3S	4	331	335	335	340	5
	3D	8	332	335	335	346	5
	2V	12	TOP 2 FT CLAY BOT 10 FT SANDY		DRY		
	3V	12	TOP 3 FT CLAY BOT 9 FT SANDY		DRY		
4/10/81	4D	8 1/2	212	228	228		
	4S	5	213	254	little per FAIL		
3-31-83	6	4	1112	1116	1116	1120	4 MW
		12	VIS OK		C. Wilbur		

REMARKS

TYPE OF SOIL

TESTED BY RAY HODGES

ALSO PRESENT PAT LINDREN

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31078

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 47 ELLICOTT, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 3rd

DATE 12/12/80

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Donald J. Weisensel

or Richard Zahn

Pat Lendrim - 442-2416

ADDRESS 38 Bloomsbury Ave., Balto., Md. 21228 PHONE 744-5800

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1-C

ROAD AND DESCRIPTION Howard Lodge Road

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Patrick J. Lendrim for Donald J. Weisensel

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

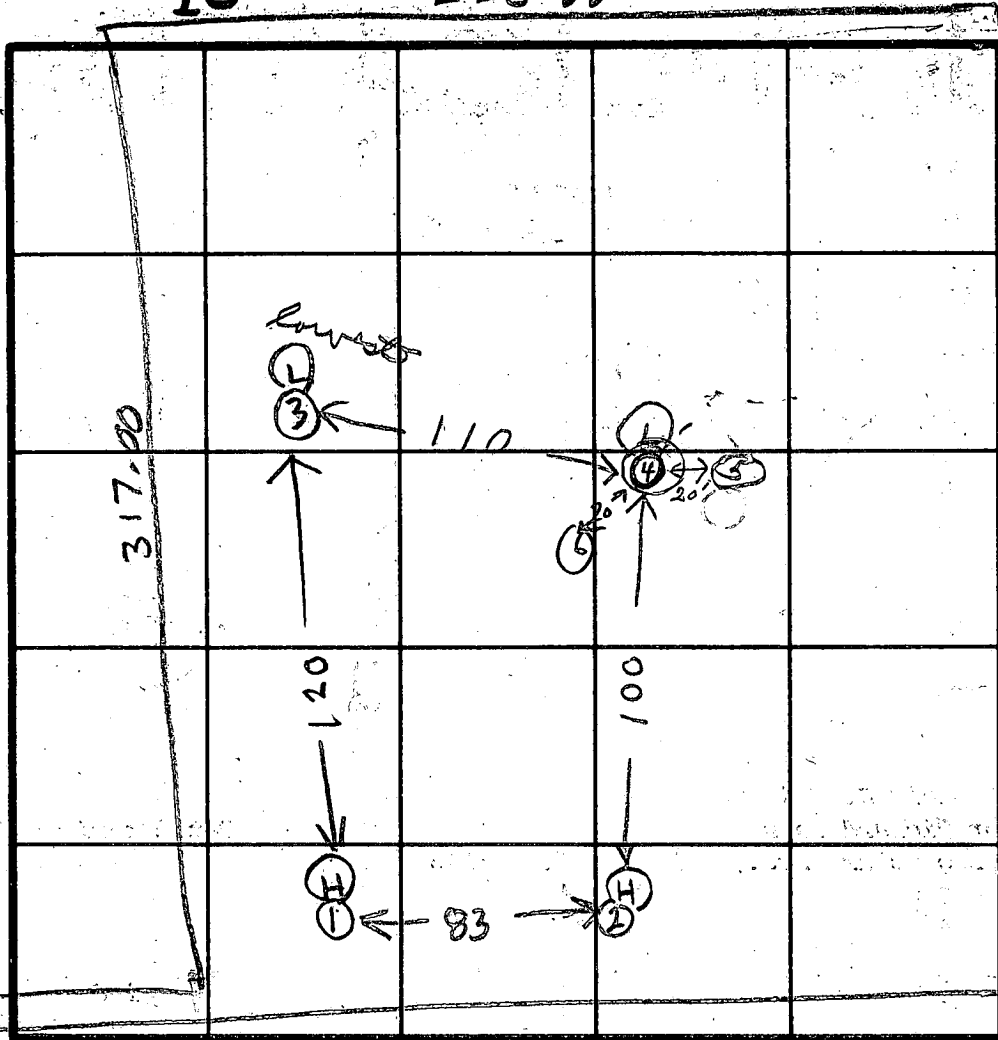
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

1C

225.00

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/31/81	1 S	4	303	321	321	338	17
	1 D	8	303	306	306	313	7
	2 S	4	309	314	314	319	5
	2 D	8	309	318	318	325	7
	3 S	4	331	335	335	340	5
	3 D	8	332	335	335	346	5
	2 V	12	TOP	2 FT	CLAY		
			BOT	10 FT	SANDY	DRY	
	3 V	12	TOP	3 FT	CLAY		
			BOT	9 FT	SANDY	DRY	
4/10/81	4 D	8 1/2	212	228	228	254	26
	(4 S)	5	213	254	little par	FAIL	
8/22/82	5 S	4	4:06	4:09	4:09	4:15	6
	5 D	12	3 ft	clay	then sandy layer		
3-31-83	6	4	11:12	11:16	11:16	11:20	7 MIN
							C william

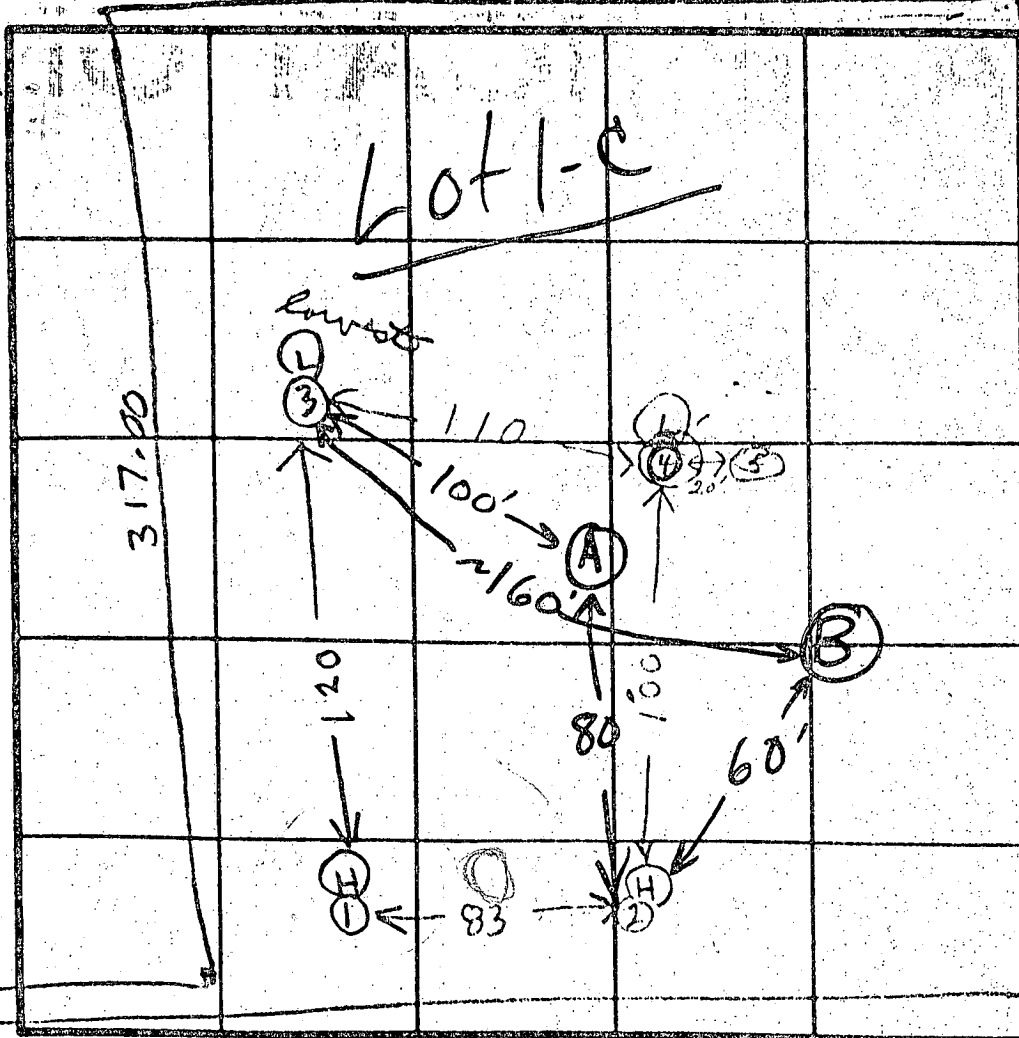
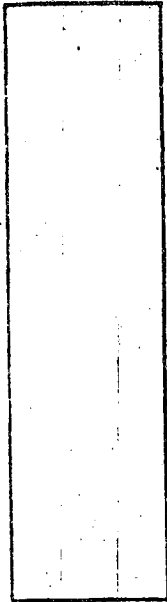
REMARKS

TYPE OF SOIL

TESTED BY RAY HODGES

ALSO PRESENT PAT LINDREN

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/31/81	1 S	4	3 03	3 21	3 21	3 38	17
	1 D	8	3 03	3 06	3 06	3 13	7
	2 S	4	3 09	3 14	3 14	3 19	5
	2 D	8	3 09	3 18	3 18	3 25	7
	3 S	4	3 31	3 35	3 35	3 40	5
	3 D	8	3 32	3 35	3 35	3 40	5
	2 V	12	TOP	2 FT CLAY			
			BOT	10 FT SANDY		DRY	
	3 V	12	TOP	3 FT CLAY			
			BOT	9 FT SANDY		DRY	
4/10/81	4 D	8 1/2	2 12	2 28	2 28	2 54	26
	(4 S)	5 1/2	2 13	2 54	little per	FAIL	
1/22/83	5 S	4	4:06	4:09	4:09	4:15	6
	5 D	12	3 ft clay			more sandy lower	

REMARKS

3/24/83 Dig first at (A). If still clayey at (A), then dig at (B) if (B) is still on Lot 1-C. Test this hole

TYPE OF SOIL

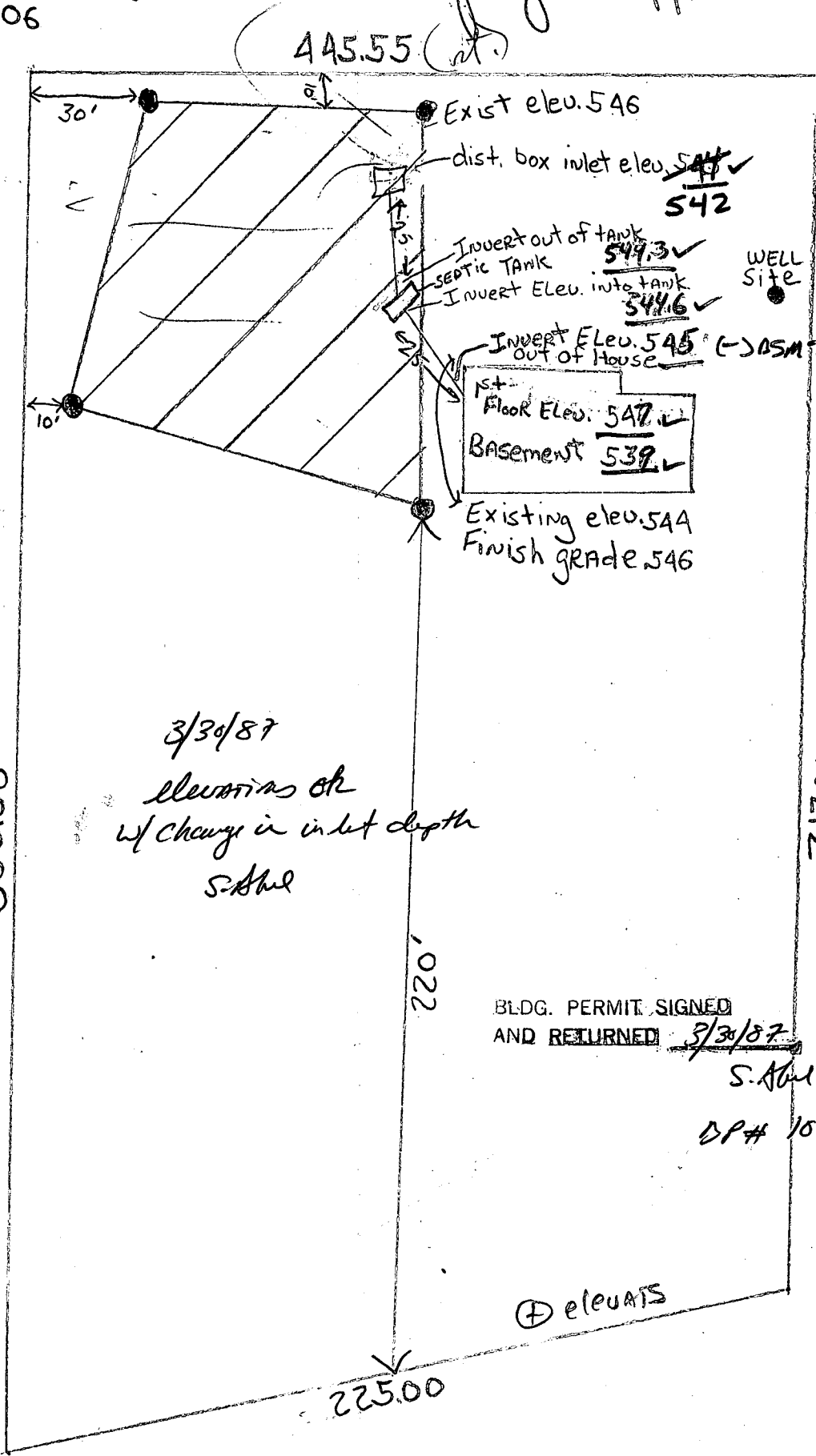
TESTED BY RAY HODGES

ALSO PRESENT PAT LINDREN

J.S.

Scale 1/4" = 10'
 Lot 1C 1.804 AC
 WEISSBERG PROPERTY
 12496 Howard Lodge Drive
 Parcel # 306

I certify that these elevations
 are actual & correct to the best of my
 knowledge
 Jerry Schoppell



INLET 4
 BOTTOM 8"

WELL
 SITE

1st Floor Elev. 547
 Basement 539

Existing elev. 544
 Finish grade 546

Invert out of tank 547.3
 SEPTIC TANK
 Invert Elev. into tank 544.6

Invert Elev. 545 (-) ASMT
 out of House

dist. box inlet elev. 544
 542

445.55 (at.)

3/30/87
 elevations OK
 w/ change in inlet depth
 S. Abel

358.08

317.00
 F.P. 2011

BLDG. PERMIT SIGNED
 AND RETURNED 3/30/87

S. Abel

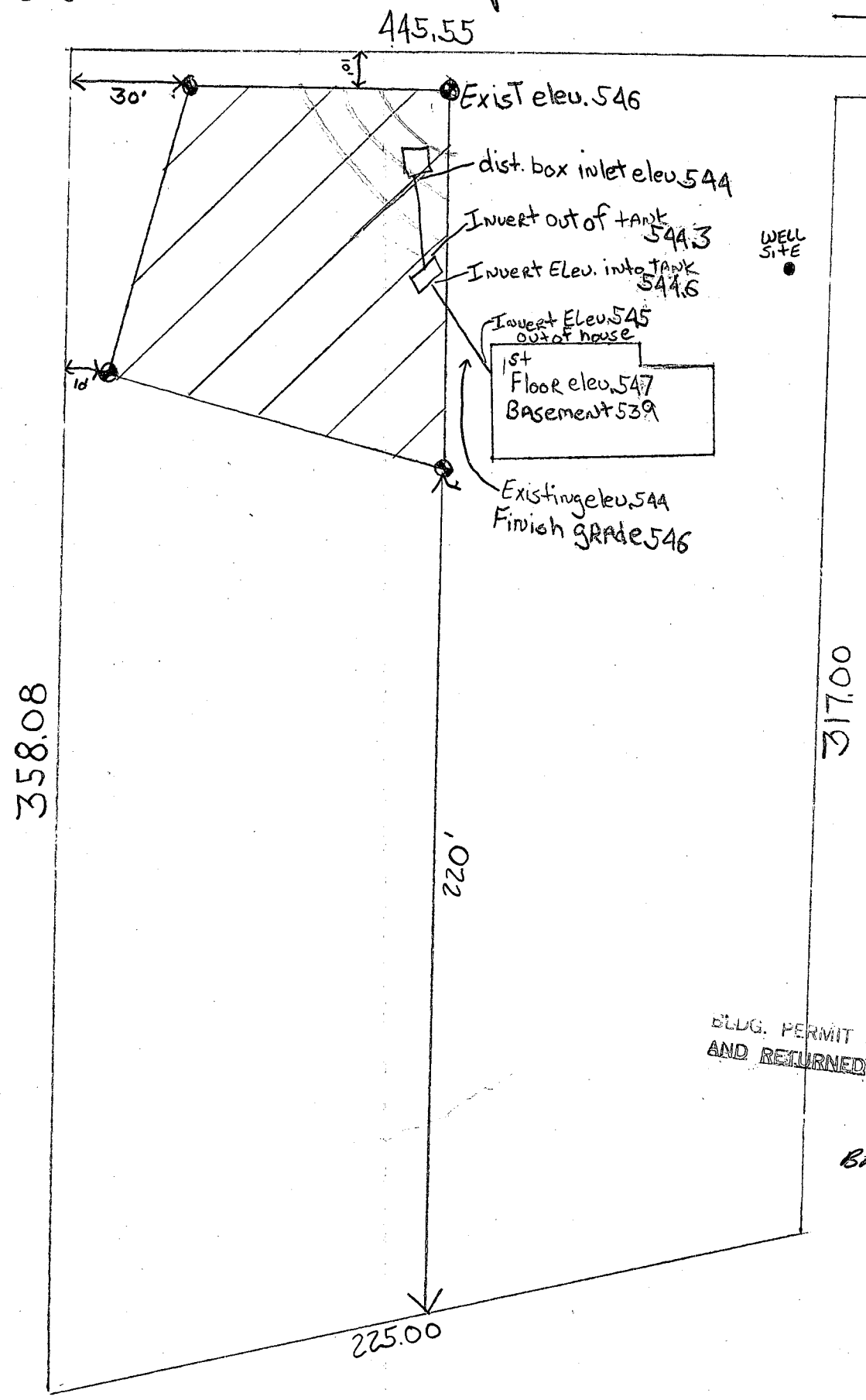
DP# 10781

⊕ elevations

Scale 1/4" = 10'
Lot 1C 1.804 AC.

12496 Howard Lodge Drive
Parcel # 306

I certify that these elevations are
actual & correct to the best of my
knowledge
Jenny Schuppell



BLDG. PERMIT SIGNED
AND RETURNED 3/31/87
S-Alu
BP 10781

B 1 2268

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND
3-5-8 PERMIT TO DRILL WELL
GROU 11am

OEP PERMIT NUMBER
WA-91-1328
fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received

10/14/86

OWNER INFORMATION

SCAARFELT, TERRY
Last Name Owner First Name
4922 WORTHERINGTON WAY
Street or RFD
ELLICOTT CITY, MD 21043
Town State Zip

DRILLER INFORMATION

Driller's Name: Wald Mayo License No. 233
Firm Name: Wald Mayo Well Drilling
Address: 900 Pomeroy Court Rd Mt Airy
Signature: Wald Mayo Date: JAN 28 1986

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 2
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- DRive-POINT
- other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 - THIS WELL WILL DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

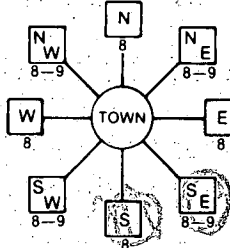
FORCE Am WRITE INITIALS IN BOX PERMIT No. WA-91-1328

SPECIAL CONDITIONS

LOCATION OF WELL

4 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 M I

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A-31078
OEP SIGNATURE _____ STATE HEALTH DEPARTMENT SIGNATURE _____
DATE ISSUED 02/06/86 CO. SIGNATURE R. Wilson EXP. DATE 02/06/86
NORTH GRID 449000 EAST GRID 0815000

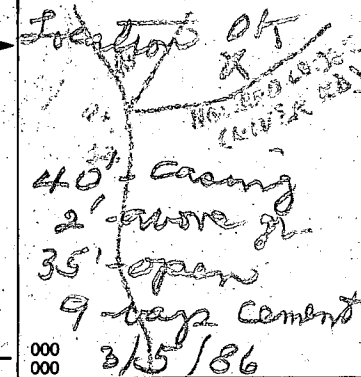
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

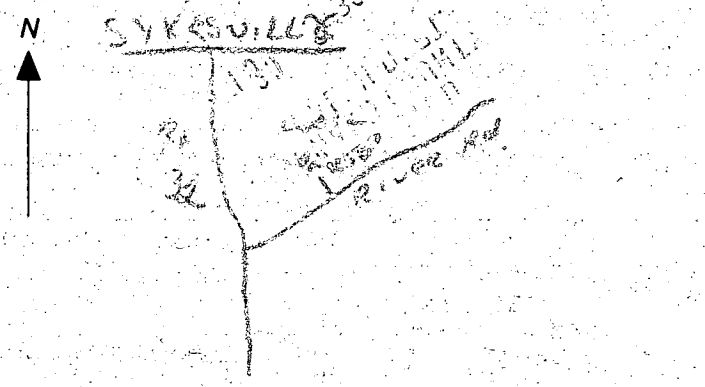
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8185
N 3488



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 00874 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A-31078

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
 030586

Depth of Well
 200 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 NO-81-1338

OWNER SCHAPPELL JERRY
 STREET OR RFD RIVER RD first name TOWN SYKESVILLE
 SUBDIVISION BRADSHAW EST. (W) EISENSEL POND SECTION LOT 1C

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	40	✓
Micka	40	50	
Sand Stone	50	55	✓
Micka	55	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 49 NO. OF POUNDS 908
 GALLONS OF WATER 54
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 38 ft.

CASING RECORD
 casing types insert appropriate code below
 (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER

MAIN CASING TYPE
 Nominal diameter (nearest inch) 6
 Total depth of main casing (nearest foot) 200

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 (S) STEEL (BR) BRASS (HO) OPEN HOLE (P) PLASTIC (O) OTHER

DEPTH (nearest ft.)
 38 200

CIRCLE APPROPRIATE LETTER
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

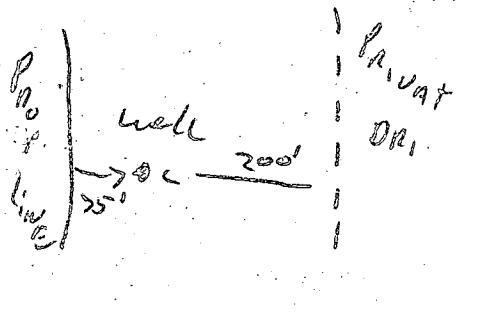
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 9
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 55
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES (NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Frocht & Sons inc

Telephone 876-1038

License Number 402

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Jerry Schappell Telephone 876-1038

Subdivision _____ Lot # _____ Well Tag # _____

Site Address 12496 Howard Lodge Dr

- Pump
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
 - Make _____
 - Model # _____
 - Capacity _____ GPM
 - Pump exceeds well capacity. Yes _____ No _____
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

- Motor
- Horsepower 1/2
 - RPM _____
 - Voltage 220
 - 110 _____
 - 220 _____

- Pitless Adapter
- Make _____
 - Model # _____
 - Depth _____

- Tank
- Capacity _____
 - Pressure relief valve? _____

- Piping
- Type _____
 - Size 1 _____
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data
- Depth 200 ft.
 - Yield 9 GPM
 - Static water level 95 ft.
 - Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Clarence L Frocht

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Jerry Schappell
(Name) JERRY Schappell
461-6608

4922 Worthington Way
(Address) ELlicott City, Md 21043

NO 81 1338

(OEP Well Permit Number)

1/22/86
(Date)